PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)
FY 2008 *(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*	GENU:009USD1

Application Number 10/733,212	Filed 12/11/2003

For REGULATION OF CELL BROWTH BY MUC1

Art Unit 1633	Examiner HILL, Kevin Kai

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
☐	One month (37 CFR 1.17(a)(1))	$120	$60	$ _____
☐	Two months (37 CFR 1.17(a)(2))	$460	$230	$ _____
☑	Three months (37 CFR 1.17(a)(3))	$1050	$525	$ _____525.00_____
☐	Four months (37 CFR 1.17(a)(4))	$1640	$820	$ _____
☐	Five months (37 CFR 1.17(a)(5))	$2230	$1115	$ _____

☑ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☑ Payment by credit card. ~~Form PTO-2038 is attached.~~

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☑ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1212/GENU:009USD1 . I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
   Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☑ attorney or agent of record. Registration Number 54,662

☐ attorney or agent under 37 CFR 1.34.
   Registration number if acting under 37 CFR 1.34 _____

Monica De La /Signature/	August 29, 2008
	Date
Monica A. De La Paz	(512) 536-5639
Typed or printed name	Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.